

STAFF USE ONLY	
Complaint No.	_____
Date Received	_____
Date mailed to LSP/Subject	_____

RTN No. _____

Allegations:

Describe the incidents that led to your Complaint and note the times and dates that events occurred. List the names of all individuals involved.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

USE ADDITIONAL PAGES IF NECESSARY TO DESCRIBE YOUR COMPLAINT.

Attach any additional information or documents needed to explain the details of your Complaint. **Send copies, not the originals,** of any related documents.

AUTHORIZATION FOR RELEASE OF RECORDS AND REFERRAL OF COMPLAINT.

When you sign this form (or a photocopy thereof), you authorize the Board of Registration to: (1) conduct its own investigation and (2) possibly refer your Complaint to other law enforcement authorities to investigate or prosecute your Complaint. Please be aware that your Complaint will probably be shown to the LSP/person whose conducts being investigated.

Please note that all Complaints will be carefully considered; however, the act of filing a Complaint does not assure or imply that disciplinary action will necessarily be taken against the licensee.

I certify that the above information is true, correct and complete to the best of my knowledge.

Your Signature

Date

Mail this form to:
Board of Registration of
Hazardous Waste Site Cleanup Professionals
One Winter St., 3rd Floor
Boston, MA 02108